

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 533304

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2			1		
4	③			1		
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/					
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24	/		/			
25	/		/			
26	/		/			
27	/		/			
28	4P		4P			
29	4P		4P			
30	4P		4P			
31	1P		1P			
32	4P		4P			
33	4P		4P			
34	4P		4P			
35	/		/			
36	/		/			
37	/		/			
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39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	6		12			
50	6		12			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/					
59	5		8			
60	5		8			
61	1		1			
62	1		1			
63	1		1			
64	4					
65	4		3			
66	4		3			
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97						
98						
99						
100						
TOTAL IND.		↓		6	↓	↓
TOTAL DEP.		←		10	←	←
TOTAL CLAIMS				16		